

|   |                          |                       |  |
|---|--------------------------|-----------------------|--|
| <b>DECLARATION FOR UTILITY OR<br/>DESIGN<br/>PATENT APPLICATION<br/>(37 CFR 1.63)</b> | Attorney Docket Number   | 11922-35832           |  |
|   | First Named Inventor     | Donna M. LOMANGINO    |  |
|   | <b>COMPLETE IF KNOWN</b> |                       |  |
|   | Application Number       | To Be Determined      |  |
|   | Filing Date              | Concurrently Herewith |  |
|   |                          | Group Art Unit        |  |
|   |                          | Examiner Name         |  |

☒ Declaration Submitted with Initial Filing
 OR
☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus for Facilitating Donations

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) Concurrently Herewith as United States Application Number or PCT International

Application Number To Be Determined and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

**Burden Hour Statement:** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

|   |  |                           |  |   |  |
|---|--|---------------------------|--|---|--|
| Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label  |  | 26702                     |  | OR <input checked="" type="checkbox"/> Correspondence address below           |  |
| Name<br>Jack D. Todd  |  |                           |  |   |  |
| Address<br>MORRIS, MANNING & MARTIN, LLP<br>6000 Fairview Road, Suite 1125  |  |                           |  |   |  |
| City<br>Charlotte   |  | State<br>NC               |  | ZIP<br>28210  |  |
| Country<br>US   |  | Telephone<br>704-554-7070 |  | Fax<br>704-556-9554   |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |                           |  |   |  |
| NAME OF SOLE OR FIRST INVENTOR:   |  |                           |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |
| Given Name<br>(first and middle (if any))   |  | Donna M.                  |  | Family Name<br>or Surname<br>LOMANGINO  |  |
| Inventor's Signature<br><i>Donna M. Lomangino</i>   |  |                           |  | Date<br>10-31-01  |  |
| Residence: City<br>Arlington  |  | State<br>VA               |  | Country<br>US<br>Citizenship<br>US  |  |
| Mailing Address<br>1042 Wisconsin Avenue, N.W.  |  |                           |  |   |  |
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| NAME OF SECOND INVENTOR:  |  |                           |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |
| Given Name<br>(first and middle (if any))   |  | Family Name<br>or Surname |  |   |  |
| Inventor's Signature  |  |                           |  | Date  |  |
| Residence: City   |  | State                     |  | Country<br>Citizenship  |  |
| Mailing Address   |  |                           |  |   |  |
| City  |  | State                     |  | ZIP<br>Country  |  |
| <input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |  |                           |  |   |  |

Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0851-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

|                        |  |
|------------------------|--|
| Application Number     | TBD  |
| Filing Date            | Concurrently                                     |
| First Named Inventor   | Donna M. LOMANGINO                               |
| Title                  | Method & Apparatus for Facilitating<br>Donations |
| Group Art Unit         |  |
| Examiner Name          |  |
| Attorney Docket Number | 11922-35832                                      |

I hereby appoint:

☒ Practitioners at Customer Number

26702

Place Customer  
Number Bar Code  
Label here

☐ Practitioner(s) named below:

| Name         | Registration Number |
|--------------|---------------------|
| Jack D. TODD | 44,375              |
|              |                     |
|              |                     |
|              |                     |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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|  |                                |       |              |     |       |
|--|--------------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or<br>Individual Name | Jack D. TODD                   |       |              |     |       |
| Address  | MORRIS, MANNING & MARTIN, LLP  |       |              |     |       |
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| Country  | US                             |       |              |     |       |
| Telephone  | 704-554-7070                   | Fax   | 704-556-9554 |     |       |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

|           |                           |
|-----------|---------------------------|
| Name      | Donna M. LOMANGINO        |
| Signature | <i>Donna M. Lomangino</i> |
| Date      | 10-30-01                  |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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|   |   |
|---|---|
| <b>STATEMENT CLAIMING SMALL ENTITY STATUS</b><br><b>(37 CFR 1.9(f) &amp; 1.27(b))--INDEPENDENT INVENTOR</b> | Docket Number (Optional)<br>11922-35832 |
|---|---|

Applicant, Patentee, or Identifier: Donna M. LOMANGINO

Application or Patent No.: To Be Determined

Filed or Issued: Concurrently Herewith

Title: Method and Apparatus for Facilitating Donations

As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
- ☐ the application identified above.
- ☐ the patent identified above.

I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
- ☐ Each such person, concern, or organization is listed below.

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27).

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

Donna M. LOMANGINO  
 NAME OF INVENTOR

NAME OF INVENTOR

NAME OF INVENTOR

*Donna M. Lomangino*  
 Signature of Inventor

Signature of Inventor

Signature of Inventor

10/30/01  
 Date

Date

Date